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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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#3

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	3000.166
First Name Inventor	Frederick L. Travelute, III
COMPLETE IF KNOWN	
Application Number	10/065,436
Filing Date	October 17, 2002
Group Art Unit	3761
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Highly Absorbent Polyester Fibers

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **10/17/2002** as United States Application Number or PCT International

Application Number **10/065,436** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

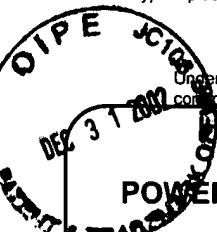
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	021176	OR	<input type="checkbox"/> Correspondence address below
Name					
Address					
Address					
City		State	ZIP		
Country		Telephone			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Travelute, III		Family Name Frederick L. or Surname			
Inventor's Signature	<i>Frederick L. Travelute III</i>			Date 11/15/02	
Residence: City Charlotte	State NC	Country United States	Citizenship United States		
Mailing Address 6319 Deveron Drive					
Mailing Address					
City Charlotte	State NC	ZIP 28211	Country United States		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Hovis		Family Name Stanley Kiser or Surname			
Inventor's Signature	<i>Stanley K. Hovis</i>			Date Nov 15/02	
Residence: City Gastonia	State NC	Country United States	Citizenship United States		
Mailing Address 807 Jamestown Drive, Apt. 3					
Mailing Address					
City Gastonia	State NC	ZIP 28056	Country United States		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	10/065,436
Filing Date	October 17, 2002
First Named Inventor	Frederick L. Travelute, III et al.
Group Art Unit	3761
Examiner Name	
Attorney Docket Number	3000.166

I hereby appoint:

Practitioners at Customer Number

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Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

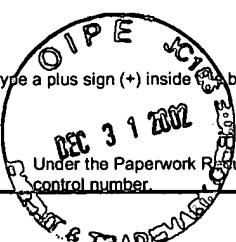
Name	Frederick L. Travelute, III
Signature	<i>Frederick L. Travelute III</i>
Date	11/15/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 2 forms are submitted.

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Attorney Docket Number	3000.166

I hereby appoint:

Practitioners at Customer Number

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OR

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Applicant.

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SIGNATURE of Applicant or Assignee of Record

Name	Stanley Kiser Hovis
Signature	
Date	11-15-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

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